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CONFIRMATION NO. 6252

SERIAL NUMBER 09/692,844	FILING DATE 10/19/2000 RULE	CLASS 400	GROUP ART UNIT 2854	ATTORNEY DOCKET NO. 10004382-1
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APPLICANTS

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** CONTINUING DATA *****

NONE , NC

** FOREIGN APPLICATIONS *****

NONE , NC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/07/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ID	SHEETS DRAWING 8	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
Verified and Acknowledged _____ Examiner's Signature	Initials				

ADDRESS

022879
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TITLE

Manual imaging device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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